



CATERING REQUEST FORM

DATE

NAME AND CONTACT INFORMATION:

LOCATION OF EVENT

DATE OF EVENT

TIME OF EVENT

TIME OF SERVICE

EXPECTED # OF GUESTS

TYPE OF MEAL: (CIRCLE ALL THAT APPLY)

APPETIZERS

APPETIZERS AS MEAL

FULL MEAL

LIGHT SNACKS

SANDWICHES

CASSEROLE/SIDES

SALAD

DESSERT

SPREAD/CHARCUTERIE

TYPE OF FOOD:

SERVICE:

PICK UP

DELIVERY

BUFFET

SEATED MEAL

PASSEED APPETIZERS

DISHES/CUTLERY: YES NO

DISPOSALBE

NON-DISPOSABLE

DRINKS:

TEA

WATER

OTHER

FOOD ALLERGIES/DIETARY RESTRICTIONS:

DESIRED BUDGET: _____ TO _____ PER PERSON OR _____ TOTAL